

Summary of Benefits

for First Seniority



H2204, H2206

FIRST SENIORITY[®]



Harvard Pilgrim
Health Care



Harvard Pilgrim
Health Care of New England

Summary of Benefits

Introduction to the Summary of Benefits for First Seniority

January 1, 2006 - December 31, 2006
Massachusetts and New Hampshire

Thank you for your interest in First Seniority. Our plan is offered by HARVARD PILGRIM HEALTH CARE, a Medicare Advantage Managed Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover, every limitation or every exclusion. To get a complete list of our benefits, please call First Seniority and ask for the "Evidence of Coverage."

You have choices in your health care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like First Seniority. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call First Seniority at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048.

How can I compare my options?

You can compare First Seniority and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is First Seniority available?

The service area for this plan includes the following counties: Bristol*, Essex, Middlesex, Norfolk, Plymouth*, Suffolk and Worcester* in Massachusetts and Cheshire*, Hillsborough*, Merrimack* and Rockingham* counties in New Hampshire. You must live in one of these places to join the plan. Members who reside in Massachusetts must choose a Primary Care Physician in Massachusetts. Members who reside in New Hampshire must choose a Primary Care Physician in New Hampshire. If you are in prison, you can't join this plan.

Can I choose my doctors?

First Seniority has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a Provider Directory for an up-to-date list. Our number is listed at the end of this introduction.

* Partial county. Please see the list of zip codes included in the service area on Page 5.

What happens if I go to a doctor who's not in your network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Harvard Pilgrim Health Care nor the Original Medicare Plan will pay for these services.

Where can I get my prescriptions if I join this plan?

Harvard Pilgrim has formed a network of pharmacies. You can use any pharmacy in our network. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List. Our number is listed at the end of this introduction.

What happens if I go to a pharmacy that's not in your network?

If you go to a pharmacy that's not in our network, you might have to pay more for your prescriptions. You also might have to follow special rules before getting your prescription in order for the prescription to be covered under our plan. For more information, call the telephone number at the end of this introduction.

Does my plan cover Medicare Part B or Part D drugs?

First Seniority does cover both Medicare Part B prescription drugs and Part D prescription drugs.

Do I need to enroll in Medicare Part D prescription drug coverage?

You do not need to enroll in Medicare Part D. By enrolling in First Seniority you will automatically be enrolled in Medicare Part D prescription drug coverage.

Does my plan have a prescription drug formulary?

First Seniority uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs. The plan may periodically make changes to the formulary. If the formulary changes, affected enrollees will be notified, in writing, before the change is made. Contact First Seniority for details.

First Seniority's Medicare Drug Plan gives you access to most prescription drugs. Some medications may require prior authorization or may be subject to quantity or dosage limitations.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a benefit that your plan may offer. You may be identified to participate in a program designed for your specific health and pharmacy needs. It is recommended that you take full advantage of this covered benefit if you are selected. Contact First Seniority for more details.

What types of drugs may be covered under Medicare Part B?

The following outpatient prescription drugs may be covered under Medicare Part B. This may include, but is not limited to, the following types of drugs. Contact First Seniority for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin alpha or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of any anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

Please call **Harvard Pilgrim Health Care** for more information about this plan.

Visit us at <http://harvardpilgrim.org> or, call us:

Customer Service Hours:

Monday, Wednesday, 8:00 a.m. - 7:30 p.m. Eastern

Tuesday, Thursday, Friday, 8:00 a.m. - 5:30 p.m. Eastern

Current members should call (800)-421-3550 (TTY/TDD (800)-421-3599)

Prospective members should call (800)-779-7723 (TTY/TDD (888)-259-8276)

For more information about Medicare call 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-800-486-2048. You can call 24 hours a day, 7 days a week.

Or visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

The service areas for this plan includes the following counties: Bristol*, Essex, Middlesex, Norfolk, Plymouth*, Suffolk and Worcester* in Massachusetts and Cheshire*, Hillsborough*, Merrimack* and Rockingham* counties in New Hampshire.

Massachusetts					New Hampshire	
Bristol	01731	02155	02330	01525	Cheshire	Rockingham
02031	01741	02156	02331	01527	03461	03032
02048	01742	02176	02332	01529		03034
02334	01746	02177	02333	01532	Hillsborough	03036
02356	01748	02180	02337	01534	03031	03038
02357	01749	02238	02338	01536	03033	03040
02375	01752	02239	02339	01538	03045	03041
02702	01754	02420	02340	01539	03048	03053
02703	01760	02421	02341	01541	03049	03073
02712	01770	02445	02344	01545	03051	03076
02715	01773	02446	02346-02351	01546	03052	03077
02718	01775	02447	02355	01560	03054	03079
02720-02726	01776	02451-02455	02358-02364	01561	03055	03087
02760	01778	02458-02462	02367	01564	03057	03803
02761	01784	02464	02370	01568	03060-03064	03811
02763	01801	02474-02479	02379	01569	03070	03819
02764	01803	02493	02382	01580	03071	03826
02766	01805-01808	Plymouth	02401-02405	01581	03082	03841
02767	01813	02018	02783	01582	03084	03848
02768	01815	02020	Worcester	01583	03086	03858
02769	01821	02040	01420	01586	03101-03105	03859
02771	01822	02041	01430	01588	03107-03111	03865
02777	01824	02043	01434	01601-01610		03873
02779	01826	02044	01440	01613	Merrimack	
02780	01827	02045	01441	01614	03046	
Middlesex	01831	02047	01451	01615	03106	
01431	01832	02050	01453	01653	03304	
01432	01835	02051	01462	01654		
01434	01850-01854	02055	01467	01655		
01450	01862-01867	02059	01473	01740		
01460	01876	02060	01503	01745		
01463	01879	02061	01504	01747		
01464	01880	02065	01505	01756		
01469-01472	01886-01890	02066	01510	01757		
01474	02138-02145	02301-02305	01517	01772		
01701-01705	02148	02324	01519			
01718-01721	02149	02325	01522			
01730	02153	02327	01523			

* Partial County

*If you have any questions about this plan's benefits or costs,
please contact Harvard Pilgrim Health Care*

Summary of Benefits

H2204, H2206

Benefit Category

Original Medicare

First Seniority

Important Information

1. Doctor and Hospital Choice

(For more information, see
Emergency - #14 and
Urgently Needed Care - #15)

- You may go to any doctor, specialist or hospital that accepts Medicare.

- You must go to network doctors, specialists, and hospitals.
- You need a referral to go to network hospitals and certain doctors, including specialists for certain services.
- A separate doctor office visit copayment may apply for certain services.
- Members who reside in Massachusetts must choose a Primary Care Physician in Massachusetts.
- Members who reside in New Hampshire must choose a Primary Care Physician in New Hampshire.
- See page 17 for additional information about Doctor and Hospital choice.

Summary of Benefits: Inpatient Care

2. Inpatient Hospital Care

(includes Substance Abuse
and Rehabilitation Services)

- You pay for each benefit period:³
Days 1 - 60: an initial deductible of \$952
Days 61 - 90: \$238 each day
Days 91 - 150: \$476 each lifetime
reserve day⁴
Please call 1-800-MEDICARE
(1-800-633-4227) for information
about lifetime reserve days.⁴

- There is no copayment for inpatient hospital services in a network hospital.
- You are covered for unlimited days for acute care hospitalization.

³ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can only be used once.

Benefit Category	Original Medicare	First Seniority
2. Inpatient Hospital Care (continued)		<ul style="list-style-type: none"> • Except in an emergency, your provider must obtain authorization from Harvard Pilgrim Health Care. • See page 17 for additional information about Inpatient Care.
3. Inpatient Mental Health Care	<ul style="list-style-type: none"> • You pay the same deductible and copayments as inpatient hospital care (above) except Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime. 	<ul style="list-style-type: none"> • There is no copayment for services received at a network hospital. • Except in an emergency, your provider must obtain authorization from Harvard Pilgrim Health Care. • See page 17 for additional information about Inpatient Mental Health Care.
4. Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<ul style="list-style-type: none"> • You pay for each benefit period,³ following at least a 3-day covered hospital stay: Days 1 - 20: \$0 for each day Days 21 - 100: \$119 for each day • There is a limit of 100 days for each benefit period.³ 	<ul style="list-style-type: none"> • There is no copayment for services received at a Skilled Nursing Facility. • No prior hospital stay is required. • You are covered for 100 days each benefit period. • Authorization rules may apply for services. Contact plan for details.

³ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

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Benefit Category	Original Medicare	First Seniority
5. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<ul style="list-style-type: none"> • There is no copayment for all covered home health visits. 	<ul style="list-style-type: none"> • You pay \$0 for Medicare-covered home health visits. • Authorization rules may apply for services. Contact plan for details.
6. Hospice	<ul style="list-style-type: none"> • You pay part of the cost for outpatient drugs and inpatient respite care. • You must receive care from a Medicare-certified hospice. 	<ul style="list-style-type: none"> • You must receive care from a Medicare-certified hospice.
Outpatient Care		
7. Doctor Office Visits	<ul style="list-style-type: none"> • You pay 20% of Medicare-approved amounts.^{1, 2} 	<ul style="list-style-type: none"> • You pay \$10 for each primary care doctor office visit for Medicare-covered services. • You pay \$10 for each specialist visit for Medicare-covered services. • See #31 Physical Exams - for more information.
8. Chiropractic Services	<ul style="list-style-type: none"> • You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers. • You pay 100% for routine care. • You pay 20% of Medicare-approved amounts.^{1, 2} 	<ul style="list-style-type: none"> • You pay \$10 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).

¹ Each year, you pay a total of one \$124 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	First Seniority
9. Podiatry Services	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts.^{1, 2} You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs. You pay 100% for routine care. 	<ul style="list-style-type: none"> You pay \$10 for each Medicare-covered visit (medically necessary foot care).
10. Outpatient Mental Health Care	<ul style="list-style-type: none"> You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you pay 20% of approved charges.^{1, 2} 	<p>For Medicare-covered Mental Health services, you pay:</p> <ul style="list-style-type: none"> \$5 for each individual therapy visit(s). \$5 for each group therapy visit(s). Authorization rules may apply for services. Contact plan for details.
11. Outpatient Substance Abuse Care	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts.^{1, 2} 	<p>For Medicare-covered services, you pay:</p> <ul style="list-style-type: none"> \$5 for each individual visit(s) 1 - 8. \$25 for each individual visit(s) 9 - 20. 50% of the cost for each individual visit(s) 21 and beyond. \$5 for each group visit(s) 1- 20. 50% of the cost for each group visit(s) 21 and beyond.

¹ Each year, you pay a total of one \$124 deductible.

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Benefit Category	Original Medicare	First Seniority
11. Outpatient Substance Abuse Care (continued)		<ul style="list-style-type: none"> • Except in an emergency, your provider must obtain authorization from Harvard Pilgrim Health Care.
12. Outpatient Services/Surgery	<ul style="list-style-type: none"> • You pay 20% of Medicare-approved amounts for the doctor.^{1, 2} • You pay 20% of outpatient facility charges.^{1, 2} 	<ul style="list-style-type: none"> • You pay \$0 for each Medicare-covered visit to an ambulatory surgical center. • You pay \$0 for each Medicare-covered visit to an outpatient hospital facility. • Authorization rules may apply for services. Contact plan for details.
13. Ambulance Services (medically necessary ambulance services)	<ul style="list-style-type: none"> • You pay 20% of Medicare-approved amounts or applicable fee schedule charge.^{1, 2} 	<ul style="list-style-type: none"> • You pay \$0 for Medicare-covered ambulance services.
14. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<ul style="list-style-type: none"> • You pay 20% of the facility charge or applicable copayment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.^{1, 2} • You pay 20% of doctor charges.^{1, 2} • NOT covered outside the U.S. except under limited circumstances. 	<ul style="list-style-type: none"> • You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 3 days for the same condition. • Worldwide coverage.
15. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<ul style="list-style-type: none"> • You pay 20% of Medicare-approved amounts or applicable copayment.^{1, 2} • NOT covered outside the U.S. except under limited circumstances. 	<ul style="list-style-type: none"> • You pay \$10 for each Medicare-covered urgently needed care visit. • Worldwide coverage.

¹ Each year, you pay a total of one \$124 deductible.

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Benefit Category	Original Medicare	First Seniority
16. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts.^{1, 2} 	<ul style="list-style-type: none"> You pay \$10 for each Medicare-covered Occupational Therapy visit. You pay \$10 for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.

Outpatient Medical Services and Supplies

17. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts.^{1, 2} 	<ul style="list-style-type: none"> You pay \$0 for each Medicare-covered item. Authorization rules may apply for services. Contact plan for details.
18. Prosthetic Device (includes braces, artificial limbs and eyes, etc.)	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts.^{1, 2} 	<ul style="list-style-type: none"> You pay \$0 for each Medicare-covered item.
19. Diabetes Self-Monitoring Training and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts.^{1, 2} 	<ul style="list-style-type: none"> You pay \$10 for Medicare-covered Diabetes self-monitoring training. You pay \$0 for each Medicare-covered Diabetes supply item.
20. Diagnostic Tests, X-Rays, and Lab Services	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts, except for approved lab services.^{1, 2} There is no copayment for Medicare-approved lab services. 	You pay: <ul style="list-style-type: none"> \$0 for each Medicare-covered clinical/diagnostic lab service. \$0 for each Medicare-covered radiation therapy service. \$0 for each Medicare-covered X-ray visit.
21. Bone Mass Measurement (for people with Medicare who are at risk)	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts.^{1, 2} 	<ul style="list-style-type: none"> You pay \$0 for each Medicare-covered Bone Mass Measurement.

¹ Each year, you pay a total of one \$124 deductible.

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Benefit Category	Original Medicare	First Seniority
Preventive Services		
22. Colorectal Screening Exams (for people with Medicare age 50 and older)	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts.^{1, 2} 	<ul style="list-style-type: none"> You pay \$0 for each Medicare-covered Colorectal screening exams.
23. Immunizations (Flu vaccine, Hepatitis B vaccine—for people with Medicare who are at risk, Pneumonia vaccine)	<ul style="list-style-type: none"> There is no copayment for the Pneumonia and Flu vaccines. You pay 20% of Medicare-approved amounts for the Hepatitis B vaccine.^{1, 2} You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details. 	<ul style="list-style-type: none"> There is no copayment for the Pneumonia and Flu vaccines. No referral necessary for Medicare-covered Influenza and Pneumonia vaccines. You pay \$0 for the Hepatitis B vaccine.
24. Mammograms (Annual Screening) (for women with Medicare age 40 and older)	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts.² No referral necessary for Medicare-covered screenings. 	<p>You pay:</p> <ul style="list-style-type: none"> \$0 for each Medicare-covered screening mammogram. No referral necessary for Medicare-covered screenings.
25. Pap Smears and Pelvic Exams (for women with Medicare)	<ul style="list-style-type: none"> There is no copayment for a Pap Smear once every 2 years, annually for beneficiaries at high risk.² You pay 20% of Medicare-approved amounts for Pelvic Exams.² 	<p>You pay:</p> <ul style="list-style-type: none"> \$0 for each Medicare-covered Pap Smear and Pelvic Exam. \$0 for each additional Pap Smear and Pelvic Exam. You are covered for an unlimited number of Pap Smears and Pelvic Exams.
26. Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	<ul style="list-style-type: none"> There is no copayment for approved lab services and a copayment of 20% of Medicare-approved amounts for other related services.^{1, 2} 	<ul style="list-style-type: none"> You pay \$0 for each Medicare-covered Prostate Cancer Screening Exam.

¹ Each year, you pay a total of one \$124 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	First Seniority
<p>27. Outpatient Prescription Drugs</p>	<ul style="list-style-type: none"> You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program. 	<p>First Seniority's Medicare Drug Plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified, in writing, before the change. To view the plan's formulary, go to http://harvardpilgrim.org on the web. People who have low incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the plan for details.</p> <p>For prescription drugs, you pay for each prescription or refill:</p> <ul style="list-style-type: none"> \$10 for Tier 1 drugs up to a 30-day supply. \$20 for Tier 2 drugs up to a 30-day supply. \$35 for Tier 3 drugs up to a 30-day supply. \$20 for mail order Tier 1 drugs up to a 90-day supply. \$40 for mail order Tier 2 drugs up to a 90-day supply. \$105 for mail order Tier 3 drugs up to a 90-day supply. There is no annual limit on prescription drug coverage. You must use designated retail pharmacies and Mail Order to get your prescription drugs. Authorization may be required for some prescription drugs.

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Benefit Category	Original Medicare	First Seniority
Additional Benefits (What Original Medicare Does Not Cover)		
28. Dental Services	<ul style="list-style-type: none"> In general, you pay 100% for dental services. 	<ul style="list-style-type: none"> In general, you pay 100% for dental services.
29. Hearing Services	<ul style="list-style-type: none"> You pay 100% for routine hearing exams and hearing aids. You pay 20% of Medicare-approved amounts for diagnostic hearing exams.^{1, 2} 	<p>There is no copayment for hearing aids. You pay:</p> <ul style="list-style-type: none"> \$10 for each Medicare-covered hearing exam (diagnostic hearing exams). \$10 for each routine hearing test up to 1 test every year. <p>You are covered for hearing aids:</p> <ul style="list-style-type: none"> For the cost of purchase and repair in full for the first \$500 and at 80% of cost for amounts between \$501 and \$2,000 within a two year period. There is no coverage in excess of \$2,000 in a two year period.

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² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	First Seniority
30. Vision Services	<ul style="list-style-type: none"> • You are covered for one pair of eyeglasses or contact lenses after each cataract surgery.^{1, 2} • For people with Medicare who are at risk, you are covered for annual glaucoma screenings.^{1, 2} • You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye.^{1, 2} • You pay 100% for routine eye exams and glasses. 	<p>There is no copayment for the following items:</p> <ul style="list-style-type: none"> • Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery). • Glasses. <p>You pay:</p> <ul style="list-style-type: none"> • \$10 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye). • \$10 for each routine eye exam, limited to 1 exam every year. • You are covered up to \$100 for eyewear every two years. • See page 17 for additional information about Vision Services.
31. Physical Exams	<ul style="list-style-type: none"> • If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. • This will not include laboratory tests. Please contact your plan for further details. • You pay 20% of the Medicare-approved amount^{1, 2} 	<ul style="list-style-type: none"> • You pay \$10 for Medicare-covered services. • You pay \$10 for each exam. • You are covered up to 1 exam every year.

¹ Each year, you pay a total of one \$124 deductible.

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Additional Information About First Seniority

Comprehensive Coverage

We offer comprehensive coverage that includes:

- Routine checkups, allergy shots and additional immunizations not covered by Medicare
- \$10 copay per doctor visit
- Inpatient hospital coverage
- Emergency care – anywhere in the world
- Prescription drug coverage
- Routine eye and hearing exams for \$10 copay
- Eyewear and hearing aids (limitations and restrictions apply)
- Virtually no paperwork

The Experience You Need

We've been serving the people of New England for 36 years and have 31 years of Medicare experience.

First Seniority also brings you reliable resources that can help you make the most of your health coverage.

These resources include:

- Health education programs and classes
- Disease management programs
- Web-based health support (check out www.harvardpilgrim.org to experience our online resources)
- Convenient Mail Service Prescription Drug Program with free shipping

Additional Information

Doctor and Hospital Choice

Our Provider Directory lists physicians in our network by town, specialty and hospital affiliation. Members who reside in Massachusetts must choose a Primary Care Physician in Massachusetts. Members who reside in New Hampshire must choose a Primary Care Physician in New Hampshire.

Inpatient Care

Inpatient Hospital Care

- There is no copayment for substance abuse and rehabilitation services.

Inpatient Care in a Rehabilitation or Long Term Hospital

- You are covered up to 90 days per benefit period (less any hospital days used in the same benefit period).³
- Your 60 lifetime reserve days may be used to supplement care in rehabilitation or long-term hospitals.⁴

Vision Services

- You are covered up to \$100 for eyewear every two years.
- Medicare-covered eyewear after cataract surgery: There is a \$60 limit on Medicare-covered eyeglass frames. There is no limit on the cost of lenses.
- If you belong to Harvard Vanguard Medical Associates, you can only go to their Visual Services Department for your routine eye exam and must obtain eyeglasses at Harvard Vanguard Optical Shops.

Eligibility

You can join First Seniority if you are entitled to Medicare Part A (hospital) and are enrolled in Medicare Part B (medical) and continue to pay Part B premiums. Most Medicare beneficiaries can join, including those eligible on the basis of disability.

³ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can only be used once.

Notes

Notes

Please call **Harvard Pilgrim Health Care** for more information about this plan.

Customer Service Hours:

Monday, Wednesday, 8:00 a.m. - 7:30 p.m. Eastern

Tuesday, Thursday, Friday, 8:00 a.m. - 5:30 p.m. Eastern

Current members should call 1-800-421-3550 (TTY/TDD # 1-800-421-3599)

Prospective members should call 1-800-779-7723 (TTY/TDD # 1-888-259-8276)

Please call Medicare at **1-800-MEDICARE** (1-800-633-4227)
or visit **www.medicare.gov** for more information about Medicare.

(TTY/TDD # 1-877-486-2048)

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